

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Quandell Hickman

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

The city of New York

Dept. Shivaraj, Dept. Morales

Dept. Carter, C.O. McNeil

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

RECEIVED
SDNY PRO SE OFFICE
2020 SEP -3 AM 9:53

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Disability

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Quandell

First Name

Middle Initial

Hickman

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC 18-18 Hazen Street (Rikers Island)

Current Place of Detention

18-18 Hazen Street

Institutional Address

East Elmhurst, N.Y.

County, City

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Shivraj
 First Name Last Name Shield #
 Deputy
 Current Job Title (or other identifying information)
 G.R.V.C. 09-09 Hazen Street
 Current Work Address
 East Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 2:

Morales
 First Name Last Name Shield #
 Deputy
 Current Job Title (or other identifying information)
 G.R.V.C. 09-09 Hazen Street
 Current Work Address
 East Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 3:

Carter
 First Name Last Name Shield #
 Deputy
 Current Job Title (or other identifying information)
 G.R.V.C. 09-09 Hazen Street
 Current Work Address
 East Elmhurst N.Y. 11370
 County, City State Zip Code

Defendant 4:

McNiel
 First Name Last Name Shield #
 Security C.O.
 Current Job Title (or other identifying information)
 G.R.V.C. 09-09 Hazen Street
 Current Work Address
 East Elmhurst N.Y. 11370
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: G.R.V.C TN take

Date(s) of occurrence: 07-09-2020 July, 9th, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On July 9th, 2020 Dept. Shivraj, Dept morales Officer McNeil and Dept Carter forced me and threatened me to give up my Sneakers that's valued at a million Dollars even when I had multiple Sneaker passes. They didn't care about my medical condition. They even lied to me and said I would get them BACK when leaving the building. I Never even got a Sneaker Voucher I had to get my area captain to obtain a copy of Sneaker Voucher. I had to wear pataki's (Jail Sneakers) that Bruised my foot and makes my foot stiff and causes me to trip because of nerves in foot I get Drop foot Sometimes I went to medical and they told them I Needed my Sneakers Back, they even gave me a cane to help prevent me from falling

On 8-7-2020 in AMKC 3 upper I slipped and twisted my Ankle causing me to now use crutches and wear medical sock on foot. I don't have NO supportive foot wear and I'm wearing Pataki's like slippers in U.S. most Dangerous Jail.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Bruised Foot, Swollen Ankle,
Back pain, Crutches From twisted/
Sprained Ankle mental Anguish

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

A million Dollars For my sneakers they Autographed sneakers from rapper Ray-mula They are apart of Social media I'm addicted to the Lottery Challenge.
#Imaddictedtothelotterychallenge and I need Five hundred thousand For pain and Suffering Alltogether I Need 1.5 million Dollar also ^{for} mental Anguish

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

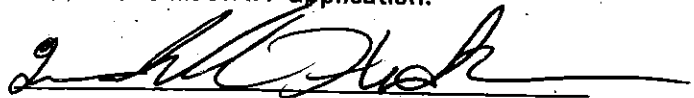
I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8-8-2020

Dated



Plaintiff's Signature

Chandell

First Name

L

Middle Initial

Hickman

Last Name

18-18 Hazen Street

Prison Address

EAST Elmhurst,

County, City

N.Y.

State

11370

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:




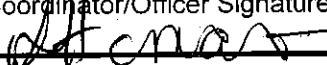
8-12-2020

QUONDELL HICKMAN CALLER MENTION THAT HE GOT MEDICAL PASS TO KEEP HIS SNEAKERS
THEY TOOK THEM AND THEN THEY LOST THEM. WHEN THEY SUPPOSED TO GIVE THEM BACK
TO HIM.

#EC-00170032

329026

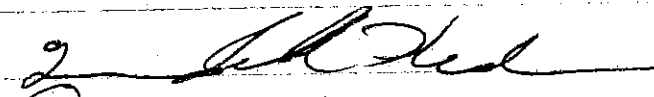
ATTACHMENT - C

| | | | |
|---|---|----------------------------|---|
|  | CITY OF NEW YORK - DEPARTMENT OF CORRECTION | |  |
| | OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | |
| | DISPOSITION FORM | | |
| Grievance Reference #: #EC-00170032 329026 (311) | | Date Filed: August 4, 2020 | Facility: AMKC |
| Inmate Name: Hickman, Quandel | Book and Case#: 349-20-00756 NYSID# 09399869R | | Category: Property |
| <p>From OCGS Inmate Statement Form, print or type short description of grievance:</p> <p>Dept Carter, Dept Shivraj, Dept Morales, C.O. McNeill took my sneakers from me when I had numerous medical passes and explained so then told me I would get them back. When I was leaving G.R.V.C. property clerk said my sneakers was taken to dept office and now they some how disappeared.</p> | | | |
| <p>Action Requested by Inmate:</p> <p>My sneakers appear or I be compensated the million dollars for them</p> | | | |
| STEP 1: FORMAL RESOLUTION | | | |
| <p>Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process</p> <p>The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process. Grievances not subject to the Grievance Process cannot be appealed.</p> <p>OCGS Condued an investigation for Grievant Hickman, Quandel B&C# 349-20-00756 GRVC was contacted and there is no property (sneakers) for Mr. Hickman. Mr. Hickman was informed of his right to file a claim Via Comptrollers Office for a possible reimbursement. A Property Damage/ Loss Claim Form was given to him. Action Requested Modified.</p> | | | |
| CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE (Failure to sign forms will forgo your right to appeal the proposed resolution.) | | | |
| <p><input checked="" type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.</p> <p><small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies. Grievance not subject to the Grievance Process cannot be appealed.</small></p> | | | |
| Inmate's Signature:  | | Date: 8-11-2020 | |
| <input type="checkbox"/> Preliminary Review Requested | | | |
| Grievance Coordinator/Officer Signature:  | | Date: 8/11/2020 | |

| CITY OF NEW YORK - DEPARTMENT OF CORRECTION | | | |
|---|--|-------------------------------------|--|
| OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES | | | Form: 7101R-A Eff: 01/4/18 Ref: Dir. 3176R-A |
| INMATE STATEMENT FORM | | | |
| Inmate's Name: <u>27</u> <u>Juandell Hickman</u> | Book & Case #: <u>349 2000756</u> | NYSID #: <u>09399869R</u> | |
| Facility: <u>AMKC</u> <u>GRVC</u> | Housing Area: <u>3 upper</u> | Date of Incident: <u>7-7-2020</u> | Date Submitted: <u>7-30-20</u> |
| <p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> | | | |
| <p>Grievance: <u>Dpt Carter, Dept Shivaray, Dept Morales</u> <u>C.O Mcniel Took my sneakers from me</u> <u>when I had numerous medical passes</u> <u>and explained so then told me I would</u> <u>get them back when I was leaving</u> <u>GRVC property clerk said my sneaker</u> <u>was taken to Dept Office and now</u> <u>they some how disappeared</u></p> | | | |
| <p>Action Requested by Inmate: <u>my sneakers appear or I</u> <u>be compensated the million dollars for them</u></p> | | | |
| <p>Please read below and check the correct box:</p> | | | |
| Do you agree to have your statement edited for clarification by OCGS staff? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Do you need the OCGS staff to write the grievance for you? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Have you filed this grievance with a court or other agency? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Did you require the assistance of an interpreter? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Inmate's Signature: <u>[Signature]</u> | | Date of Signature: <u>7-30-2020</u> | |
| <p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> | | | |
| TIME STAMP NYC DEPT CORRECTION 2020 AUG -4 A 10:28 | Grievance Reference # <u>SC 2017 0038</u> <u>329026</u> | | Category: <u>Property</u> |
| Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>Martin</u> | | | |

8-7-2020

Those Yeezy's are a Starting Price
of about A thousand Dollars on
Stock X Mines are a signed
pair From rapper Ray-mula
They are apart of social media
Addicted to the Lottery Challenge
#Imaddictedtothelotterychallenge
Value A million Dollars They are
very special Yeezy's.


Randall Hickman
349 2000756
AMKC Supper

Inmate: Hickman, Gwendol

Inmate # 69399869R

Date: 7/19/20

Case # 3442000756

Shirley

Murder

CONTROL/CUFFLOCK #

PROPERTY TAKEN:

Inventory: ☐ Missing Area - Specify: ☐ Yes / ☐ No

Other - Specify: _____

| I. Clothing | | | III. Jewelry | | |
|-------------|---------------|-------|--------------|------------|-------------|
| No. | Articles | Color | No. | Article | Description |
| | Coat/Jacket | | | | Y W CS |
| | Pants | | | Tooth Cap | |
| | Belts | | | Neck Chain | |
| 1 | Shoes/Sneaker | Black | | Earring | |
| | Shirt/Blouse | | | Charm | |
| | | | | Bracelet | |
| | | | | Watch | |
| | | | | Ring | |

INSTRUCTIONS
1. If you receive more than one (1) item on a line, (e.g., coat/jacket) circle appropriate item then enter the number.

| IV. Miscellaneous | |
|-------------------|---------|
| No. | Article |
| | |
| | |
| | |
| | |

☐ NO PROPERTY

By using this form, you are not permitted to have it in your possession.
If you are not permitted to have it in your possession, you are not permitted to have it in your possession.

Signature: [Signature] Shield ID # 15613 Print Name: Rosa Valero

Time _____

APPROPRIATE PROVISIONS ON OTHER SIDE.

APPROPRIATE PROVISIONS ON OTHER SIDE (UPON CITY SENTENCING)

CP+

Men Ryck
merenych
1826

Civilian - Clerk
Property
Said Dept
Has them

**NYC
HEALTH+
HOSPITALS**

| | |
|--|-------------------------------------|
| <u>PATIENT NAME:</u> QUANDEL HICKMAN | <u>FACILITY:</u> EMTc |
| <u>NYSID:</u> 09399869R | <u>BOOKCASE#:</u> 3492000756 |

DEPARTMENT OF CORRECTION COPY

**RECEIPT OF NOTIFICATION OF PATIENT NEED FOR
SECURITY CONSIDERATIONS**

**Type of Restraint Modifications
required:**

No restrictions

Type of Magnetometer Alert:

Metal implant


Signature

Ordering Provider: **Janet Runcie**
Name/Date/Time: **April 26, 2020 8:10 PM**
Printed By: **Runcie, Janet**

If MO Housing Required:

Facility _____ Print _____

Dorm: _____ Cell: _____


DOC Signature/Shield Number

Date

Property Receipt

A № 1782761

year

☐ NYSID # _____
☒ Book and Case # 349-20-00756
☐ Sentence # _____

CONTROL/CUFFLOCK#

| WHERE WAS PROPERTY TAKEN: | | | | | | | | | | | |
|--|-----------------|--|--|---------------|--------|--|-----|-------------------|---|-------------|----|
| <input type="checkbox"/> Admission | | | <input checked="" type="checkbox"/> Housing Area - Specify _____ | | | <input type="checkbox"/> Other - Specify _____ | | | | | |
| Was this property taken on a search? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | | | | | | | | | | | |
| I. Personal Items | | | II. Clothing | | | III. Jewelry | | | | | |
| No. | Articles | | No. | Articles | | Color | No. | Article | | Description | |
| | Radio | | | Coat/Jacket | | | | | Y | W | CS |
| | Personal papers | | | Pants | | | | | | | |
| | Pocketbook | | | Socks | | | | | | | |
| | Gloves | | / | Shoes/Sneaker | BK/RED | | | | | | |
| | Glasses | | | Shirt/Blouse | | | | | | | |
| | Hair | | | Skirt | | | | | | | |
| | Wallet | | | Boots | | | | | | | |
| | Keys | | | Hat | | | | | | | |
| Identification: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Same Name? | | | | | IV. Miscellaneous | | | |
| | | | On Person | | | Y N | | No Article | | | |
| U.S. Passport | | | | | | | | | | | |
| Green Card | | | | | | | | | | | |
| Driver's License | | | | | | | | | | | |
| Other Government-Issued photo ID | | | | | | | | | | | |
| Birth Certificate | | | | | | | | | | | |
| Social Security Card | | | | | | | | | | | |
| Other: | | | | | | | | | | | |

****Please Note:**
Description Color:
Y=Yellow Metal
W=White Metal
CS =Color of Stone**

INSTRUCTIONS

1. If you receive more than one (1) item on a line (e.g., coat/jacket) circle appropriate item then enter the number.

☐ NO PROPERTY

The above item(s) has been received from you because:

- ☐ It is not on the list of items which are permitted in this facility.
- ☐ The quantity is in excess of that allowed in this facility.
- ☐ It may create a health, safety or security hazard, and therefore, you are not permitted to have it in your possession.
- ☐ You have submitted the item to us voluntarily for safekeeping.
- ☐ Other _____

Signature of person taking property

Signature of Inmate

14757

Shield ID #

4/21/2020

विश्व

McMILLAN

Print Name _____

16204

Time

SEE APPEAL AND DISPOSAL PROVISIONS ON OTHER SIDE

Distribution:

White - Inmate Copy **Yellow** - Duplicate (TO BE SECURED WITH PROPERTY)
Green - Inmate Legal Folder **Blue** - Discharge Planning Center (UPON CITY SENTENCING)

CHS

07/11/2020 11:49 AM

Page 1 of 1
Referral Form

Referral Form

Authorizing Provider: Lionel Desroches MD

Service Provider: CHS

Signing Provider: Lionel Desroches MD

CHS

Phone: (347) 774-7000

Phone:

Fax:

Fax:

Patient Name: QUANDEL HICKMAN

DOB: 08/28/1991

Age: 28 Years

Home Phone:

Sex: M

SSN:

Work Phone:

Book and Case: 3492000756

Resp. Provider:

CodeDescriptionDiagnoses

MEDICALOTHER Medical Order - Other Follow-up

KNEE JOINT PAIN, LEFT (ICD-M25.562) (ICD10-M25.562)

Order Number: 557540-1

Auth#:

Maximum Visits: 1

Start Date: 07/11/2020

End Date: 09/10/2039

Duration: 1,000 Weeks

Electronically signed by: Lionel Desroches MD

Signed on: 7/11/2020 11:49:29AM

Reason: ATTN DOC Please allow pt to have supportive footwear due to medical problems

NYC
HEALTH +
HOSPITALS

Correctional Health Services

Central Operations, 10-01 Hazen Street, East Elmhurst, NY 11370, (347) 774-7000

| | |
|--|--|
| <u>PATIENT NAME:</u> QUANDEL HICKMAN | <u>LATEST BOOK AND CASE#:</u> 3492000756 |
| <u>NYSID:</u> 09399869R | <u>PATIENT FACILITY:</u> EMTC |

04/21/2020 - Office Visit: ATTENTION DOC
Provider: Janet Runcie
Location of Care: Correctional Health Services

PLEASE ALLOW THIS PATIENT TO HAVE SUPPORTIVE FOOTWEAR DUE TO MEDICAL PROBLEMS

Electronically signed by Janet Runcie on 04/21/2020 at 4:41 PM



070627

EXHIBIT 55

Sneakers

EC 00170032

Disability Rights

Indale

3 PM
GRUC

RUIZ VALERO

MAUREL

C.O.P

SHIVRAJ
MORALES
CARTER

NYC HEALTH+ HOSPITALS

| | |
|--|-------------------------------|
| <u>PATIENT NAME</u> : QUANDEL HICKMAN | <u>FACILITY</u> : AMKC |
| <u>NYSID</u> : 09399869R | <u>BOOKCASE#</u> : 3492000756 |

DEPARTMENT OF CORRECTION NOTIFICATION OF PATIENT'S ADA CONSIDERATIONS

Type of ADA Considerations:

Disabilities:

Assistive Device #1: Crutches

Device #1 Start Date: 08/07/2020 Device 1 End Date: 08/10/2020

Assistive Device #2: Cane

Device #2 Start Date: 07/11/2020 Device #2 End Date: 08/11/2020

Assistive Device #3:

Device #3 Start Date: Device #3 End Date:

External Medical Devices:

David Onuora
Signature

If MO Housing Required:

Ordering Provider: David Onuora PA
Name/Date/Time: August 7, 2020 10:29 PM
Printed By: Onuora PA, David

Facility Name _____ Print

Dorm: _____ Cell: _____

DOC Signature/Shield Number

Date

NYC
HEALTH+
HOSPITALS

| | |
|---|------------------------------|
| <u>PATIENT NAME:</u> QUANDEL HICKMAN | <u>FACILITY:</u> GRVC |
| <u>NYSID:</u> 09399869R | <u>BOOKCASE#:</u> 3492000756 |

DEPARTMENT OF CORRECTION
NOTIFICATION OF PATIENT'S ADA CONSIDERATIONS

Type of ADA Considerations:

Disabilities:

Assistive Device #1: Orthopedic footwear

Device #1 Start Date: 07/11/2020 Device 1 End Date: 08/11/2020

Assistive Device #2: Cane

Device #2 Start Date: 07/11/2020 Device #2 End Date: 08/11/2020

Assistive Device #3:

Device #3 Start Date: Device #3 End Date:

External Medical Devices:


Signature

If MO Housing Required:

Ordering Provider: Lionel Desroches MD
Print Name/Date/Time: July 11, 2020 11:40 AM
Printed By: Desroches MD, Lionel

Facility Name
Dorm: _____ Cell: _____

DOC Signature/Shield Number

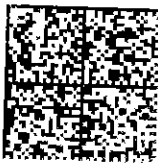
Date

Quandell Hickman 349 2000756
18-18 Hazen Street
East Elmhurst, N.Y. 11370

RECEIVED
SDNY PRO SE OFFICE
2020 SEP -3 AM 9:47

SEP 3 2020

U.S. District Court
Southern District, N.Y.
500 West Street
Pro-Se Room
New York, N.Y. 10030



UNITED STATES POSTAL SERVICE
PRIME® SERVICE
02 10 \$008.20
0000902988 AUG 25 2020
MAILED FROM ZIP CODE 11370



7019 0700 0002 0318 5528

CERTIFIED MAIL®

